



## *Data Use Agreement*

### *Arizona Hospital Discharge Data*

In this agreement, the purchaser/end-user of the data is referred to as the "Recipient." The Recipient provides the following attestations with respect to the use of Arizona Hospital Discharge Data sets:

- 1) The Recipient will not release any patient-level data or individual patient records or any part of them to any person who is not a subcontractor or employee of the Recipient's organization;
- 2) The Recipient will not attempt or permit others to attempt to link the hospital records of patients in this data set with any other individual level data from any other source that could increase the potential for patient identification;
- 3) The Recipient will not copy, sell, rent, license, lease, loan or otherwise grant access to these data covered by this Agreement to any other person or entity;
- 4) The Recipient will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn from these data are those of the Arizona Department of Health Services;
- 5) If cited in a publication or presentation, the source of these data shall be acknowledged as the Arizona Hospital Discharge Data Set, Bureau of Public Health Statistics, Arizona Department of Health Services.

This agreement pertains to the following:

Data Type: \_\_\_\_\_ (IP or ED)

Time Period: \_\_\_\_\_ (2008-01, 2008-02 etc.)

_____ Recipient Organization Name	_____ Phone
_____ Address	_____ Fax
_____ City, State, Zip	_____ Organization Web Address
_____ Recipient Representative Name & Title ( <b>print</b> )	_____ E-mail Address

Recipient has the authority to enter into this Agreement and agrees to abide by all provisions set out in this Agreement, as indicated by signature below.

_____ Recipient Representative Signature	_____ Date
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